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NUTRITION COMMITTEE NEWS

For exchange of information on nutrition education and school lunch activities.

U. S. DEPARTMENT OF AGRICULTURE, Washington, D. C.

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ADULT NUTRITION I. THE SITUATION

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Advances in nutrition knowledge aided by a better flow of scientific information to the public have contributed to a longer life span. In the words of the late Henry C. Sherman improved nutrition has "added years to life and life to years." Today's challenge is to add more life to the adult years, especially the later ones.

Many adults, young and old, men and women, in urban and rural areas still seem to have less than optimum nutritional health. Evidence comes from several studies of the diet and nutritional health of adults in different sections of the country. Since nutrition programs must be built on knowledge of situation and needs, highlights from analysis of the diets reported in these studies, are briefly given in this issue.

Some data from the census of 1950 and later sample surveys about the size, age, education, and economic situation of the adult population in this country are also included to help in estimating size of problems and determining program slants.

Studies of Nutritional Situation

Statements on diet and nutritional health of adults made in this issue come from findings of investigators who have conducted nutritional studies during the past 8 years. The men and women included in the different studies vary by type of community in which they resided, age, occupation, educational level, and economic situation.

In the studies nutritive value of diets was calculated from the food reported as consumed by men and women and average values given in tables of food composition.

Because methods of analysis used in studies varied, findings are not always strictly comparable. Investigators used different benchmarks to relate dietary intake to recommended allowances and actual to "desirable" weight. Besides, many studies covered food intakes for 1 day; others for as many as 7 days. Therefore, comment on food intake and its nutritive value almost always will be limited to types of shortages and average intakes rather than proportion of diets deviating from a reference. Information on methodology and other background facts important in evaluating findings that were not possible to include in this short summary will be found in reports of the studies listed under "references" (page 6).

THANKS FOR EXAMPLES OF ADULT NUTRITION PROGRAMS

In response to a call to members of nutrition committees and nutritionists in social welfare, public health, and education, excellent examples of many types of current nutrition programs for adults have come to our attention.

This issue of NCN gives background information on the state of nutrition of adults. Materials received on practical nutrition programs will more than fill two separate issues. Therefore, if you were a contributor, look for an account of your program in early 1956 issues of NCN.

Your fine response was most gratifying and appreciated. Thank you.

"More of Us Will Live into the Older Years"

Many recent studies are concerned with older adults, and rightly so. Roughly 50 million persons, about a third of the population, were 40 years or older in 1954. Of these, 28 million were 55 years or over and the number is expected to increase with the total population. Population projections forecast that the nation's elders past 55 years may number 34 million in 1965 and reach 41 million in 1975 (10, 11).

According to a tentative conclusion of the 8th Annual Conference on Aging at the University of Michigan, June 27-30, 1955—"There is no immediate prospect of a dramatic rise in the total length of life . . . but, as a result of medical progress, more of us will live into the older years." Increasing efforts of nutritionists to reach older persons and to tailor programs to their dietary needs are, therefore, timely.

Recent investigations show that senior adults frequently report diets considered poor. Moreover, when adult diets were studied by age grouping they were observed to be progressively worse from one to the next older age group. Nutritional health followed this same pattern. These trends reflect another tentative conclusion of the Conference on Aging which recognized need for more attention to prevention since "problems of the later years have their onset in the middle years." Prevention of nutrition problems means education in the "why" and "how" of proper daily food selection from early childhood on.

In general, progressively lower levels of dietary intake were observed from young to older age brackets for each nutrient studied. This occurred for nutrients in which adult needs would be expected to vary little with age such as protein, calcium, and ascorbic acid as well as for thiamine and others that are associated with calorie allowances, which decrease with age. Actually, intake levels of all nutrients seemed dependent on calorie level.

Even for calcium, ascorbic acid, and vitamin A in which adult diets were most often low, older adults were likely to fare worse than younger ones in comparison with criteria used. For example, diets of Iowa women 30 to 39 years provided an average of 0.6 gram calcium a day and diets of those 70 years plus, only 0.4 gram (1).

Overweight and Underweight Prevalent

Overweight was frequently found especially among older adults. Underweight was also a problem in some groups (2-4).

In fact according to the report on California men and women 50 years and older, underweight occurred about as

Practically Speaking

Taking account of the information presented in this issue of Nutrition Committee News the following 10 recommendations for practical nutrition programs are suggested:

1. Know the food habits of a group before engaging in a nutrition education program.
2. Direct a nutrition program to its audience. Consider age, educational background, economic situation, employment, and other characteristics as well as food practices.
3. Remember there is still a large number for whom low income makes it important to get the best nutrient return possible on expenditures for food.
4. Recognize that many homemakers have job responsibilities outside the home and for them well-balanced, timesaving meals have special appeal.
5. Start in the kindergarten guarding against the dietary problems of the coming years. Give children information on the "why" and "how" of proper food selection. Allow frequent opportunities to put knowledge into practice. As children approach adolescence encourage suitable active sports, teach how to adjust food intake to energy output, and show what to consider in judging correct weight.
6. Emphasize the special importance of a well-balanced diet when calorie intake is low, and the dangers both of omitting some types of food and of drastically reducing calories.
7. Consider with medical men, physical educators, and others, practical kinds of physical activities which adults can safely pursue as age advances. From this there should develop suggestions that would help adults continue more physical activity than is now customary for many. Also consider ways to inform adults of the relationship between physical activity and calorie needs.
8. Stress the contribution that generous breakfasts containing high-quality protein make to health and to daily efficiency and well-being.
9. Interest employers, especially of large numbers of workers, to make a good assortment of appetizing, nutritious foods at reasonable prices generally available to industrial and other workers at meal and snacktime.
10. Seek help of teachers and community leaders to insure that all means are used to give both men and women knowledge that will allow them to select a good diet, guard against undesirable gains or losses in body weight, and develop proper attitudes toward good nutritional health.

frequently as overweight. This indicates that the growing emphasis on right weight rather than weight reduction is good. However, from the number of current nutrition programs still geared only to needs of the obese it seems that underweights may now be less well served than overweights.

Diets of Overweights Often Low in Calories and Most Nutrients

No correlation was demonstrated between current calorie intake at time of the survey and degree of overweight in the Boston study of men and women 65 or more years of age living in a low to moderate economic area (5). Sedentary and moderately active city homemakers, classified by height into a group taller than 5 feet 4 inches, and a shorter group afford another example of this. In each height group, women under 40 years had diets providing more calories but they weighed less than older women (6). Moreover, although average calorie intake of the Iowa women trended downward with age, average weight trended upward from the 30's until the 60's (1). Probably younger women in the surveys were more active physically than older women.

Among South Dakota women, diets reported by overweights averaged about 1,600 calories compared with 1,800 in diets others reported (2). When diets of South Dakota women provided 2,400 calories or more, all 8 nutrients studied averaged higher than NRC allowances. When their diets furnished less than 1,200 calories, all nutrients averaged lower than allowances. Even when diets provided 1,800 to 2,400 calories, averages for calcium and ascorbic acid were short of full allowances.

Investigators of the situation among Iowa women considered that levels of protein, minerals, and vitamins in diets providing less than 1,800 calories were too low for safety. Concern for low levels of calories was expressed by authors of both the South Dakota and Iowa reports. The Iowa authors wrote, "In most cases, 1,200 to 1,600 calories can be questioned as being sufficient to meet the energy needs of active women in the age range 30 to 69 years." (1)

Low food intake was responsible for many poor diets even of adults in families with income high enough to support adequate to liberal levels of living. Adults seem in the dark about how to select diets providing adequate nutrient intakes when reducing calorie intake to the needs of advancing age and the sedentary life resulting from an ever increasing number of push button appliances at home and at work. Perplexed adults often completely cut out types of food which they erroneously consider "fattening," skip or skimp on breakfast, or resort to food fads that seem easy to follow or are "conversation pieces" of the moment. The outcome is frequently an unbalanced diet or one that costs more than an adequate assortment of customary foods. As seen above such attempts to reduce weight or maintain right weight are often futile.

A more gradual tapering off of physical activity, which would retard reduction in calorie requirements as age advances, is seen as one way to better adult diets by many researchers. By walking for an hour a day at the rate of 3 miles an hour instead of sitting quietly or writing, a 65-kilogram (143-pound) man could utilize 130 calories more in his diet, equivalent approximately to a small (6-ounce) glass of milk, 1½ ounces of cheese, a small serving of ice cream, 2 small eggs, ½ cup of vegetable and beef stew, or 2 slices of bread. For those who are physically able, a shift to brisker walking, playing ping pong, dancing, or bicycling for an hour could use food energy equal to the calories in twice as much of the above foods, more or less, depending on the exertion put into the activity.

Increasing daily needs by 100 to 200 or more calories through greater physical activity would give adults greater leeway in selecting food that would add up to good daily diets. However, knowledge of proper food selection and a conviction of the importance of a good diet to health and to work productivity are still "firsts" in practical nutrition programs. There is need for simple, easy-to-follow guides to good nutrition that work for a person in a fast moving cafeteria line or in shopping for the family's food supply when confronted with a vast array of tantalizing and new products. Also there must be a greater realization that whether one is trying to lose or gain weight, or keep one's present weight "it's smart to eat an adequate diet."

Food Choice a Clue to Diet Quality

Kinds and amounts of food eaten often indicate to nutritionists whether diets are likely to supply enough or too little of certain nutrients. This is particularly true of calcium and vitamins A and C. However, because many different food patterns can provide nutritionally adequate diets day by day, only by calculation can the sufficiency of nutrients widely distributed in foods be checked.

Investigators found that Iowa women whose diets met recommended allowances averaged per day 5.5 servings of fruits and vegetables of which 3.7 servings were those especially rich in vitamins A and C—"yellow," "deep green leaves," citrus fruits, tomatoes, and cabbage (1). On the average, the women had about 2 cups of milk. Adequate diets which were low in fluid milk included large amounts of cheese.

However many Iowa women had poor diets and their food choices indicated certain nutrient shortages. Many had less than ½ cup of milk on the day of their record. Some had neither vegetables nor fruits that are extra rich in vitamins A or C.

Younger Adults' Educational Level Higher, Diets Better

Education made a difference in the nutritional quality of diets selected by city homemakers (6). Educational level was associated with age of homemakers. Homemakers who went beyond elementary school averaged 39 years in age, and were 8 years younger than those who had only elementary schooling.

For each income group, quantities of calcium and ascorbic acid in homemakers' diets were higher when schooling was greater. Women with some college education selected a nutritionally better assortment of foods than those with only some high school education. Those who went no further than elementary school fared least well. This would be expected.

College women were younger and therefore more likely to have milk and orange juice or their equivalents in meals for a day—thanks to food habits developed during their formative years, plentiful supplies on the market, and nutrition education.

The nutritional quality of diets of male industrial workers in New Jersey seemed to bear less relationship to education than diets of city homemakers (7). But investigators did find a slight positive correlation of men's educational level with dietary calcium and serum ascorbic acid.

To some extent food habits of the main income-earner as well as educational level of the homemaker may influence the family diet. It is interesting to note use of protective foods by wives of men in different occupational groups in a study in upstate New York (8). Wives of professional men were found to drink more milk and more regularly to eat fruit and vegetables high in ascorbic acid and carotene than did wives of farmers, clerical workers, craftsmen, operatives, service workers, and laborers. Farmers' wives, however, had meat daily somewhat more regularly and averaged a higher total protein intake than all others.

Statistics from the census indicate that we can continue to raise the educational pitch of nutrition programs for new adults. In 1950, median school years completed by young adults 18 to 34 years old were 12 (13). This represents about 2 to 3 years more schooling than their parents had and 3 to 4 years more than their grandparents. That younger adults have had more years of formal schooling and choose better diets are facts undoubtedly being considered in selecting methods and subject matter for nutrition programs designed for them.

Low Income Still a Hindrance to Good Diets for Some

Despite rising income levels in this country over the past 2 decades, adults in millions of families may still be unable to buy good diets regularly. According to Bureau of the Census estimates of incomes in 1954, nearly a tenth of U. S. families received money incomes of less than $1,000 and slightly more than a tenth between $1,000 and $2,000 (15). In addition, almost half of the individuals living alone had incomes under $1,000 and just under a fifth received between $1,000 and $2,000. This means incomes under $2,000 for more than 8 million families and 6 million individual consumers.

Farm families as a whole have less money income than others. More than a fourth of them (1.4 million) had net cash incomes under $1,000 and another fourth (1.2 million) between $1,000 and $2,000 in 1954 (15, 16). Of course, the opportunity to grow some of their own food gives farm families a chance to fare better than city families of comparable cash income and family composition.

Receipts below $2,000 or even $1,000 in any one year may not by itself impose a substandard level of living on a family. Size of family, assets, previous incomes, and what the immediate future promises in way of income may permit a higher standard of living than size of cash income or income for just a year would indicate.

In any event low incomes must be making it hard for individuals in many families to select nutritionally adequate meals. Hence in practical nutrition programs special attention should be given to the food selection problems such individuals face at home and at work. This is particularly needed in view of the poor diets and suboptimal nutritional health found in several studies of persons in families of small income.

Diets of the 65-year-plus Boston men and women living in a low-to-moderate economic area were judged short especially in calories, calcium, riboflavin, iron, and ascorbic acid (5). Diets of the New York City low-income persons 60-years-plus were rated low in all nutrients studied (4).

Economic analysis made for homemakers in the 4 cities highlights the influence of income on diet (6). Homemakers' diets were nutritionally poorer when family income was under $2,000 (under $1,000 in Birmingham) than when it was higher. In income brackets between $2,000 and $6,000 ($1,000 and $4,000 in Birmingham) there seemed to be little difference in diet quality. Above these incomes diet quality improved. Similar income-diet relationships held for homemakers whether they had no education beyond elementary school, some high schooling, or had 1 or more years of college.

Classification of New Jersey industrial male workers into low, moderate, and high income groups showed that those with low income obtained relatively fewer calories from milk and milk products (other than butter) and slightly more from bread and sweet rolls (7). Also their diets were somewhat less satisfactory in calcium and ascorbic acid

than the two higher income groups. Their low intakes of ascorbic acid were reflected in low ascorbic acid serum levels.

Relationship between dietary intake and serum level of ascorbic acid was frequently observed. They were both low when income was low. About half of the lower East Side New Yorkers had diets low in ascorbic acid and about half had blood of "lower ascorbic acid content than the accepted normal minimum." (4)

Economic differences were indicated for the 50-year-plus Californians by classifying them into 4 groups: (1) men in the county home; (2) men and women receiving old age pensions, relief funds, or very small independent incomes; (3) persons in the middle income group; and (4) persons with high incomes (3). Mean serum ascorbic acid levels progressed from low to high with increasing income.

In Groton, New York, investigators found "blood nutrient levels . . . related to cost of food and family income, reflecting an increased usage of foods which supply ascorbic acid, carotene, and vitamin A with a rise in money value per meal and weekly income." (9)

1 in 3 Homemakers Employed Outside Home

More than one earner in a family raises many families from low to middle positions on the income scale. Two-thirds of all families with incomes between $6,000 and $10,000 in 1954 had more than 1 earner (12). Many additional earners are working wives and mothers, according to data from the Bureau of the Census' sample survey in April 1955.

Both husband and wife in 1 out of 4 married couples were in the labor force either gainfully employed or seeking employment in 1955. Number and proportion of such couples have been growing since World War II. Only 8 years before, in April 1947, the rate was 1 out of 5.

Of the more than 10 million wives in the 1955 labor force, 2 million had children under 6. The youngest children of an additional 3 million were between 6 and 17 years of age.

Moreover about 5 million widowed and divorced women were in the labor force. More than 1 million of them had children under 17.

Studies give sparse evidence of the effect of employment of the homemaker outside the home on the nutritional quality of the food she serves her family. Data from the 1948 food consumption survey indicate that whether or not a homemaker was employed appeared to make little difference in the adequacy of her family's diet. This was observed for families in each of the five income groups in which they were classified (17).

Moreover, study of the city women's own diets indicated that employed homemakers also seem to fare as well nutritionally as women who are not employed outside the home (6). Percentage distribution of calories and protein among the 3 meals of the day were also similar.

According to a 1-day study of the use of time by homemakers in a small city in New York State in 1952, homemakers employed outside the home spent less time in food preparation and in food marketing (going to store, putting away purchases, and keeping records), and prepared simpler meals than those not so employed (18). Also, they or other household members shopped for food less frequently. Employed homemakers spent 1.2 hours a day on food preparation and their husbands, daughters, and other family members 0.2 hours, making a total of 1.4 hours. Full time homemakers received little or no help from family members and spent 1.6 hours on this activity.

As seen above, others in the family helped homemakers employed outside the home. This perhaps suggests that there would be appeal in practical nutrition and homemaking programs labeled "for employed couples," and programs for youth slanted toward "less work for mother." Employed homemakers and other members of her family would no doubt be attracted to demonstrations and discussions accenting time-saving ways to good food selection and preparation.

Breakfast Often too Light in Protein and Calories

A change in breakfast pattern in line with present nutrition knowledge also could change many a nutritionally poor diet pattern to a good one. Research suggests that breakfasts containing generous quantities of good quality protein are more likely than light meals to maintain a feeling of satiety, alertness, and well-being throughout the morning and perhaps even into the afternoon.

This finding evidently has not yet reached many laymen's ears in language that they can translate into practice or that they find motivating. For studies indicate that it is common adult practice today to eat small breakfasts that contain little or no high quality protein and to crowd the largest share of the day's calories and protein into evening meals and snacks.

Homemakers in Birmingham reported diets in which breakfasts provided 28 percent of the day's 1,820 calories and 23 percent of its 57 grams of protein (6). This is close to the "fourth to a third" which is often suggested in practical nutrition education. Morning meals of homemakers in Minneapolis-St. Paul were a smaller part of the day's calories (18 percent of 1,720 calories) and protein (13 percent of 61 grams). Noon meals provided about 30 percent and evening meals 40 to 50 percent of the day's calories and protein. Between meal food represented less than 10 percent of total calories. At lower incomes, breakfasts represented larger shares of the day's calories and

protein, than at higher incomes. Also in Birmingham higher proportions of these were consumed at breakfast than in Minneapolis-St. Paul.

The average breakfast of South Dakota women contributed about a fifth of the day's 1,705 calories and a sixth of its 57 grams of protein (2). Women living in the open country had somewhat larger breakfasts than those in small towns and cities.

Averages for breakfasts of only about 300 to 500 calories and 9 to 13 grams of protein indicate that many women undoubtedly had even lighter breakfasts on the day they reported their diets. Good breakfast programs have been featured by a number of State, county, and city nutrition committees. More such programs seem needed. Stress should be placed especially on the value of generous servings of milk, eggs, cheese, and other high-quality protein at breakfast time and the many different patterns and kinds of food that can be used to make breakfast interesting and nutritionally good.

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REFERENCES

Nutritional Surveys About Adults

1. Iowa Women: Contributors to Science; the Kinds of Food They Eat; . . . Calories; . . . Protein; . . . Calcium; . . . Vitamins A and C; Overweight . . . ; The Right Foods. . . . P. Swanson, E. Willis, P. Mairs, and others. Iowa Farm Sci. 9 (*4*): 8-10; (*5*): 19-21; (*6*): 15-18; (*8*): 14-16; (*9*): 12-14; (*10*): 10-12; (*11*): 18-20; 10 (*3*): 17-19. Oct., Nov., Dec. 1954: Feb., Mar., Apr., May, Sept. 1955.
2. Food Habits of South Dakota Women. L. M. Burrill and B. Alsup. S. D. Agr. Expt. Sta. Bul. 451, 1955.
3. Nutritional Status of the Aging: I. Hemoglobin Levels, Packed Cell Volumes and Sedimentation Rates of 577 Norman Men and Women over 50 Years of Age; II. Blood Glucose Levels; III. Serum Ascorbic Acid and Intake; IV. Serum Cholesterol and Diet; V. Vitamin A and Carotene; VI. Serum Protein, Blood Nonprotein Nitrogen, Uric Acid and Creatinine. H. L. Gillum, A. F. Morgan and others. Jour. Nutr. Vol. 55 (*2*): 265-288; 289-303; (*3*): 431-448; 449-468; (*4*): 655-670; 671-685. Feb., Mar., Apr. 1955.
4. The Nutritional Status of Noninstitutionalized Aged Persons. L. Kaplan, J. H. Landes, and J. Pincus. Geriatrics 10: 287-290. June 1955.
5. Food Practices of Older People Living at Home. J. S. Lyons and M. F. Trulson. Jour. Gerontology, 11 (1): 66-72, winter 1956.
6. Nutritive Content of Homemakers' Meals, Four Cities, Winter 1948. F. Clark and L. J. Fincher. AIB No. 112, 1954, 67 pp. U. S. Dept. Agr.
7. Nutritional Status of Industrial Workers. I. Dietary, Blood and Physical Findings. II. Effects of Education, Age, Income and Ethnic Groups. M. J. Babcock, H. N. Church, and L. O. Gates. Milbank Mem. Fund Quart. 32 (*4*): 323-342; 33 (*2*): 137-151. Oct. 1954; Apr. 1955.
8. New York State Nutrition Survey. II. A One-Day Study of Food Intake of Adults. M. Trulson, D. M. Hegsted, and F. J. Stare. Amer. Dietet. Assoc. Jour. 25 (*8*): 669-676, Aug. 1949.
9. Nutritional Status Survey, Groton Township, New York; I. The Dietitian and Surveys: Description of the Sample. II. Nutrient Usage of Families and Individuals. III. Nutrient Usage as Related to Certain Social and Economic Factors. IV. Consumption of Food Groups. V. Physical Findings. VI. Chemical Findings. C. M. Young, O. Wilhelmy, H. L. Pilcher, N. S. Moore, H. N. Williams and others. Amer. Dietet. Assoc. Jour. 26 (*10*) 771-775; 26 (*10*) 776-781; 26 (*11*) 868-873; 26 (*12*) 973-978; 27 (*2*) 94-97; 27 (*3*) 215-221, Oct., Nov., Dec. 1950, Feb., Mar. 1951.

Population Data

10-12. Current Population Reports (Bureau of the Census, U. S. Department of Commerce).
- 10. Population Characteristics. Marital Status and Family Status, Apr. 1954. Ser. P-20 (56), Mar. 18, 1955.
- 11. Population Estimates. Illustrative Projections of the Population of the United States, by Age and Sex. 1955 to 1975. Ser. P-25 (78), Aug. 28, 1953.
- 12. Labor Force. Marital and Family Characteristics of the Labor Force in the United States, April 1955 and 1954. Ser. P-50 (62), Dec. 1955.

13, 14. U. S. Census of Population (U. S. Department of Commerce):
- 13. 1950, Detailed Characteristics, U. S. Summary, Rpt. P-C1, Preprint of Volume II, Part I, Chapter C, 1953.
- 14. Special Reports, Employment and Personal Characteristics, Report P ENO. 1 A, Preprint of Volume IV, Part I, Chapter A, 1953.

15. Characteristics of the Low-Income Population and Related Federal Programs. Selected Materials Assembled by the Staff of the Subcommittee on Low-Income Families. Joint Committee on the Economic Report. 84th Congress, 1st Session, Washington 1955.
16. Development of Agriculture's Human Resources: A Report on Problems of Low-Income Farmers. U. S. Dept. Agriculture, 1955, 44 pp.

Other References

17. Nutritive content of city diets: A summary report based on food consumption surveys of 1948-1949. Spec. Rept. No. 2, Oct. 1950. U. S. Dept. Agr., Agr. Res. Serv., Washington 25, D. C.

18. Use of time by full-time and part-time homemakers in relation to home management. E. Wiegand. Cornell Univ. Agr. Expt. Sta. Memoir 330, July 1954.

MATERIALS

Listing of these materials is for the information of readers and does not necessarily mean recommendation.

GPO is a symbol for Superintendent of Documents, Government Printing Office, Washington 25, D. C.

Bibliography

Food and nutrition films for all ages. A selected bibliography. 5 pp., rev. January 1955. The American Dietetic Association, 620 North Michigan Ave., Chicago 11, Ill.

Let's talk extension nutrition. List of State Publications on Food and Nutrition in Use, 1955. Evelyn Blanchard. Federal Extension Service, U. S. Department of Agriculture, Washington 25, D. C. HEP-24 (5-55) June 1955.

Child Nutrition

Nutrition and healthy growth. U. S. Dept. of Health, Education, and Welfare, Children's Bureau. No. 352, 1955. 35 pp. GPO 20c.

Why children act that way about food. Nutrition Section, Massachusetts Dept. of Public Health, State House, Room 612, 88 Broad St., Boston 33, Mass. Single copies free. Mimeo.

Something you didn't eat. 16 mm. motion picture. Color. 9 min. 1945. Available from film libraries at State colleges and universities and at most State departments of health.

Popular nutrition education

Eat a good breakfast—enjoy a good day! Greater Los Angeles Nutrition Council and the Community Health Association, 1830 North Cherokee Ave., Los Angeles 28, Calif.

Give them a break! give them a good breakfast! HNB 23012 P. Bureau of Nutrition, Pennsylvania Dept. of Health, Harrisburg, Pa. Single copies free.

The senior citizen takes stock. West Virginia State Dept. of Health, Bureau of Nutrition, Charleston, W. Va., 4 pp., single copies free.

Job rated foods. West Virginia State Dept. of Health, Bureau of Nutrition and Bureau of Industrial Hygiene, Charleston, W. Va., 8 pp. Single copies free.

For men only. West Virginia State Department of Health, Bureau of Nutrition, Charleston, W. Va., 8 pp., single copies free.

Buying food is big business—your business. Dept. of Health, City of New York, 125 Worth St., New York 13, N. Y., 8 pp., single copies free.

Weight control

Weight control. 20 papers presented at Iowa State College, Weight Control Colloquium, 1955. Iowa State College Press, Ames, Iowa, 244 pp., $2.50.

If you lose, you win! Ohio Dept. of Health, Nutrition Service Unit, 306 Ohio Departments Bldg., Columbus 15, Ohio, 8 pp., single copies free. 1955.

Teaching methods

Extension teaching methods and other factors that influence adoption of agricultural and home economics practices. M. C. Wilson and G. Gallup. U. S. Dept. of Agriculture, Ext. Serv. Cir. 495, 1955. 80 pp. GPO, 50c.

Budgeting

A family budget standard, for use of social and health agencies in New York City. Prepared by Budget Standard Service, 62 pp. 1955. Welfare and Health Council of New York City, 44 East 23rd St., New York 10, N. Y. $1.

A budget for an elderly couple. Reprinted from Social Security Bul. Feb. 1948. GPO 10c.

State Nutrition Programs

Health views. Vol. VI No. 3, July 1955. West Virginia State Dept. of Health, Charleston 5, W. Va.

Services for elderly

How public welfare serves aging people: VI. Homemaker service for older people. Dorothy G. Kimmel, 16 pp. 1955. American Public Welfare Association, 1313 E. 60th St., Chicago 37, Ill., 30c.

Dietary survey

Food used by open country families, York County, South Carolina. A. M. Moser, E. S. Watson, E. Roach, 27 pp. 1955. S. C. Agr. Expt. Sta. Bul. 428, Clemson, S. C.

International

Posters teach nutrition around the world. 35 mm. film strip No. C. 45. 52 double frames. Agr. Res. Serv., U. S. Dept. Agr. For sale, Photo Lab. Inc., 3825 Georgia Ave., N. W., Washington 11, D. C. $5. Has notes giving in English statements on posters.

Recombined milk—a dependable supply of fluid milk far from the cow. D. R. Strobel and C. J. Babcock. Foreign Agricultural Service, U. S. Dept. Agr., FA Report No. 84, 20 pp. GPO 15c.

THE INTERAGENCY COMMITTEE ON NUTRITION EDUCATION AND SCHOOL LUNCH (ICNESL)

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Statement of Functions

Revised—January 10, 1955

The goal of the Committee is to promote joint efforts among several agencies which share responsibility for improving diets and nutritional well-being of people in homes, institutions, and schools and at work. To attain its goal the Committee's members, who represent education, extension, research, public health, and other programs in the field of food and nutrition, have outlined the following broad areas of work from which to develop their cooperative undertakings.

1. To promote an understanding of the food and nutrition activities of member agencies and of organizations having related programs.
2. To develop mutually acceptable goals toward which member agencies may direct their efforts.
3. To provide consultant services to nutrition committees, agencies, and organizations.
4. To suggest needed studies, research, and action to make nutrition education and related programs more effective.
5. To recommend and facilitate carrying out such projects as institutes, workshops, and preparation of materials.
6. To present a unified interpretation of nutrition education and related programs in the United States to individuals and groups, including visitors from other countries.

The Committee periodically reviews these areas of work to determine the problems needing the concerted attention of member agencies and to select from them the problems on which the Committee can work most effectively.

Have you returned your card indicating that you want to continue to receive Nutrition Committee News regularly?

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